

Dayton School District

Assumption of Risk

It is the school district's intent to provide any athlete with good instruction, safe equipment, and safe transportation; but we cannot eliminate all risks involved in sports participation. Accidental injury, completely unrelated to any preventable cause, is always possible.

This warning form is designed to provide the school district with a degree of protection. It is not designed to deny all rights of an injured athlete. Our school district provides WIAA Catastrophic Medical Insurance coverage to participating student. Participation in WIAA sponsored interscholastic activities are voluntary and extracurricular. As a condition to participation in these activities, you and your parent(s)/guardian(s) must understand THE RISKS involved in these kinds of activities.

WARNING

Participation in any athletic activity may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor to catastrophic injury such as complete paralysis or even one's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life.

Activity injuries can result from incorrect to correct performance of playing techniques used in tryouts, practices, warm-ups, games drills, exercises and similar undertakings. Injury can also result from failing to follow game, training, safety and other team rules. Injury can result from the use of transportation provided or arranged by the school district to and from interscholastic activity.

Therefore the purpose of this WARNING is to aid you in making an informed decision as to whether you/your child or ward should participate in these activities. In addition, its purpose is to make you aware that as a student participant, or as a parent or guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches physician, advisor or other knowledgeable persons about any concerns that you might have at any time regarding participant's safety.

By signing this document, we acknowledge that we have read and understand its contents and warning related to the above stated risks and give our permission for _____ to participate in interscholastic activities.

Parent/Guardian Signature

Date

Student Signature

Date